

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 12 1941MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35281

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 74

## 1. PLACE OF DEATH:

(a) County Jefferson  
 (b) City or town DeSoto  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 920 South Second  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None (Specify whether)  
 In this community 40 Years  
 years, months or days

3. (a) PRINT FULL NAME JESSIE LEAH THEBEAU

3. (b) If veteran, name was no  
 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John A. Thebeau 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased Dec. 19, 1897  
 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 1 If less than one day  
 hr. min.

9. Birthplace Washington Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name George McAtee  
 13. Birthplace Springfield Ill.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Harriet Rowe  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Hawk  
 (b) Address 908 S. Main St. DeSoto Mo.  
 17. (a) Burial (b) Date thereof Oct. 23, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation DeSoto (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead  
 (b) Address DeSoto, Mo.

19. (a) 10-24-41 (b) Fern Spencer  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
 (c) City or town DeSoto  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 920 South Second  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20  
 year 1941 hour 10 minute 40 P.

21. I hereby certify that I attended the deceased from  
 19..... to 19.....  
 that I last saw him..... alive on  
 and that death occurred on the date and hour stated above.

Immediate cause of death By ill-effects -  
toral dose of morphine Duration

Due to

Due to

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations

Of autopsy

## PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
 (b) Date of occurrence Oct 20  
 Where did injury occur?  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
 (e) Means of injury

23. Signature Lee Mothershead (M.D. or other)  
 Address DeSoto, Mo. Date signed 10/24/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 3531

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp. the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35281  
Registrar's No. \_\_\_\_\_

Registration District No. 420

Primary Registration District No. 3022

1. PLACE OF DEATH:

- (a) County Jefferson  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAME

Jessie L. Thebeau

3. (b) If veteran

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

F

5. Color or  
race W

6. (a) Single, widowed, married,  
divorced m

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased

Dec 19  
(Month) (Day)

1941  
(Year)

8. AGE:

Years

Months

Days

If less than one day

43

10

13

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death 34 seef  
lysol Accidental

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Accidental  
(b) Date of occurrence October 20th, 1941  
(c) Where did injury occur? De Soto, Jeff. Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Accident occurred at home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Dr. J. H. ... (M. D. or other)  
Address De Soto, Miss Date signed 10/21/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-35281